SAG·AFTRA HEALTH PLAN

NEWSLETTER

July 2017

IN THIS ISSUE

HEALTHY MOUTH, HEALTHY YOU: The importance of regular dental care.

Regular dentist visits can do more than keep your smile attractive. They can also tell dentists a lot about your overall health, including whether or not you may be at risk for certain chronic diseases.

According to the Academy of General Dentistry, there is a relationship between gum (periodontal) disease and health complications like stroke and heart disease. Women with gum disease also show higher rates of pre-term, low birth-weight babies. Other research shows that more than 90% of all systemic diseases like diabetes, leukemia, oral cancer, pancreatic cancer, heart disease and kidney disease have oral symptoms, including swollen gums, mouth ulcers, dry mouth and excessive gum problems.

If you don't take care of your teeth and gums, poor oral hygiene can even lead to other health problems. Mouth infections can lead to oral and facial pain, as well as problems with the heart and other major organs. Also, because digestion begins with physical and chemical processes in the mouth, poor oral health can ultimately lead to intestinal failure, irritable bowel syndrome and other digestive disorders.

What You Can Do

In addition to brushing and flossing at least twice per day, avoiding smoking and smokeless tobacco and eating healthy, seeing a dentist regularly helps to keep your mouth in top shape and allows your dentist to watch for developments that may point to other health issues. A dental exam can also detect poor nutrition and hygiene, improper jaw alignment, as well as growth and development problems in children.

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Tips for Finding the Right Dentist

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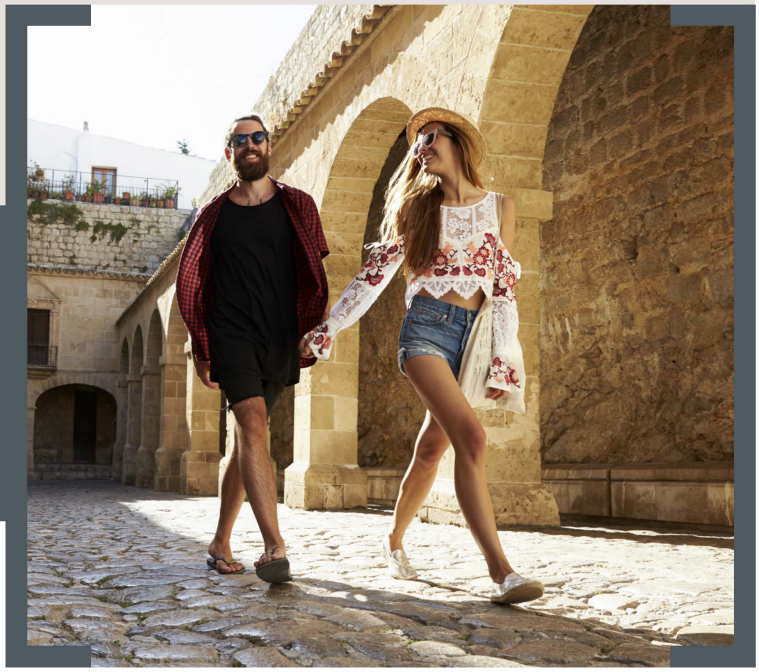
1. **Save money by selecting a Delta Dental PPO Provider.** Visiting a Delta Dental PPO dentist is the easiest way to save money on your dental care. Diagnostic and preventive care are 100% covered with in-network PPO providers. You can access the Delta Dental provider database via sagaftraplans.org/docsearch.

2. **Turn to those you trust.** Check with friends, family and neighbors to see which dentists they recommend and then check to make sure they are a Delta Dental PPO provider so that you can maximize your benefits.

3. **Ask questions.** Don't be afraid to ask pre-appointment questions to make sure the dentist is the right fit for you. You may wish to find out the dentist's policies for after-hour emergencies, how they stay current with the latest dental advances or what specialty services the dentist provides.

Source: Delta Dental

KNOW BEFORE YOU GO:
What you need to know about your health coverage when you travel.



Hitting the road this summer? It is important to make sure you know how to use your coverage when you are away from home.

Travel Within the United States

When you travel within the United States, you use your health coverage the same as you would at home. If you travel to an area in which the two nearest BlueCard PPO providers of any type are more than 25 miles away, you are considered to be in an out-of-network area and you will receive the Plan's in-network benefits for services, even if you visit out-of-network providers. However, if you travel to an in-network area, you must use in-network providers in order to obtain in-network benefits coverage. You can check for in-network doctors, urgent care facilities, dentists, mental health providers, pharmacies and more at sagaftraplans.org/docsearch. If you know where you will be traveling, we recommend researching things like in-network urgent care facilities and pharmacies before leaving town. Knowing where to go if you or someone in your family becomes ill can make a potentially stressful situation a lot easier.

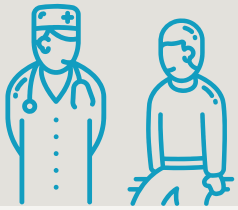
International Travel

Claims incurred in foreign countries are covered by the Plan if they are for services normally included in your benefits. The provider may or may not file the claim for you. If you have to pay for services upfront, submit itemized bills to the Plan in English, if applicable, to avoid delays. Dental claims should be sent to Delta Dental. Pharmacy claims should be sent to Express Scripts.

If you know where you will be traveling or will be staying in a certain area for an extended amount of time, call (800) 810-BLUE to find out which providers are in the BlueCard network and plan to show the provider your health care ID card at the time of service. Receiving care from an in-network provider may simplify the paperwork and reimbursement for the care you receive.

More travel Do's and Don'ts are available on our website at sagaftraplans.org/travel.

Two Important Questions
to Ask Your Doctor Before Your Next Lab Test



Lab work is an important part of your overall health care. Tests and screenings can provide an important baseline to measure your health and wellness, and can help identify warning signs as they arise. However, not all lab work is covered by the Plan. If your doctor suggests that you need lab work, it is important to ask two very important questions.

question 1

Are these tests covered by my insurance?

Tests that are not medically necessary, including some types of genetic testing, may not be covered. If the test is not covered by the Plan, you could be left with a hefty bill to pay. If in doubt, contact the Plan to request prior authorization and find out whether it will be covered.

question 2

Is the lab in my network?

Don't assume that all labs are in-network, even if you are referred by an in-network doctor. Lab work done at an out-of-network lab costs you and the Plan a lot more money. Contact the lab by phone or look them up in the BlueCard PPO database to make sure they are part of our network prior to your test.

SEARCH the BlueCard PPO Database for in-network labs at sagaftraplans.org/docsearch.
CONTACT the Plan to learn if your lab test is covered or to receive prior authorization by calling (800) 777-4013.

We Want to Hear From You

Providing our participants with useful communications is very important to us. We have developed a short survey to better understand how we can best serve your communication needs. Please take a moment to complete our anonymous survey by September 15, 2017 at

sagaftraplans.org/survey

Basic Health Plan Terms Every Participant Should Understand

Knowing the definitions of common Plan terms can make understanding your coverage a whole lot easier.

premium

A premium is the set fee you pay for your health benefits under the Plan once you have qualified for coverage.

After you've qualified and paid your premiums, you're entitled to a number of preventive care services from in-network providers including yearly physical exams, routine well-child exams and immunizations, annual gynecological exams and diagnostic and preventive dental services at no out-of-pocket costs to you.

deductible

A deductible is the amount of covered expenses you must pay in a calendar year before the Plan begins to pay for certain benefits.

There are different individual and family deductibles for hospital services, medical services, prescription drugs and dental services.

copay

A copay is a set dollar amount that you pay for certain in-network medical services.

Regardless of whether or not you've met your deductible, your copay for in-network doctors' office visits is $25. Copays for other common services and expenses, like hospital admissions and prescription drugs, are applied after your deductible has been met and before coinsurance.

coinsurance

Coinsurance is the percentage you pay for covered charges and expenses once you've met your deductible and paid any applicable copays.

Think of coinsurance as you and the Plan sharing the costs of your health care services.

out-of-pocket maximum

An annual out-of-pocket maximum is a set limit for how much you and your dependents will be responsible for paying each year for care per individual or as a family.

There are several different out-of-pocket maximums:

- Coinsurance out-of-pocket maximum for in-network hospital services and care.
- Coinsurance out-of-pocket maximums for in-network and out-of-network medical care.
- Overall out-of-pocket maximum for all of your combined in-network deductibles, copays and coinsurance payments.

Learn more about your Plan I and Plan II deductibles, copays, coinsurance and out-of-pocket maximums at sagaftraplans.org/healthbenefits.

THE INS & OUTS OF IN-NETWORK CARE

Choosing in-network providers can save you money on your health care expenses.

IN-NETWORK PROVIDERS	OUT-OF-NETWORK PROVIDERS
You pay a $25 copay for primary care, specialist or outpatient mental health office visits — even if you haven't met your deductible.	You must meet the higher out-of-network medical deductible before the Plan begins to share the cost of your appointments through coinsurance.
Pricing for care and services is often lower than the billed amount because of set, contracted pricing.	Pricing is set by the provider with no limits put in place.
Lower coinsurance percentage and, due to contracted pricing, the cost for services is less.	Larger percentage of coinsurance, plus if the amount set by the provider is more than the Plan's allowable amount, you are responsible for the difference — even if you have paid your co-insurance out-of-pocket maximum.
Preventive care like prenatal care, routine physical and well-child exams and yearly gynecological exams provided at no out-of-pocket cost.	Preventive health care and services are billed like all other out-of-network care and include having to pay coinsurance and the difference between the Plan's allowable reimbursement amount and the provider's charges after you've met your deductible.

Save this page for future reference.

Did You Know?

- There is a higher coinsurance out-of-pocket maximum for out-of-network medical care, plus there is no out-of-pocket maximum for overall out-of-network costs of medical care or hospital care.
- Out-of-network hospital care is not covered by the Plan. This means that you are 100% responsible for out-of-network hospital bills. The only exception is for emergency treatment within 72 hours after an accident or within 24 hours of a sudden and serious illness.

Finding In-network Care

In-network providers are not limited to doctors and hospitals. It is important to find laboratories, imaging facilities, mental health providers, dentists, vision care providers, pharmacists and physical and occupational therapists that are in-network.

Search the provider network databases located at sagaftraplans.org/docsearch or contact the provider directly by phone. If you ask a medical provider if they take your health insurance, an out-of-network provider will usually say that they do because they will still receive limited reimbursement up to the Plan's predetermined allowable charge, leaving you responsible for the coinsurance and possibly a bill for any charges beyond the allowable amount. Instead, ask providers if they are a contracted Blue Card PPO provider to find out if they are part of our provider network.

SAG·AFTRA HEALTH PLAN NEWSLETTER

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Burbank, CA 91510-7830

SAG-AFTRA HEALTH PLAN

Phone: (800) 777-4013
Fax: (818) 953-9880
Web: sagaftraplans.org/health
West Coast Office: Post Office Box 7830, Burbank, California 91510-7830
East Coast Office: 275 Madison Avenue, Suite 1819, New York, New York 10016

MENTAL HEALTH/SUBSTANCE ABUSE COVERAGE

Beacon Health: (866) 277-5383

DENTAL INFORMATION AND CLAIMS

Delta Dental: (800) 846-7418

PRESCRIPTION DRUG

Express Scripts: (800) 903-4728
Prescription Prior Authorizations: (800) 753-2851

MOVING?

When you move, it is important that you notify the SAG-AFTRA Health Plan so that you will continue receiving information about your eligibility and benefits. The Health Plan is separate from the union and requires a separate notice for address changes. You can change your address by:

- Logging in to your Benefits Manager at https://my.sagaftraplans.org/health.
- Calling the Plan at (800) 777-4013.
- Writing or faxing a letter to the Plan.

Log in to your Benefits Manager for access to all of your information at https://my.sagaftraplans.org/health.